



Douglas A. Ducey,  
Governor

# Arizona State Board of Podiatry Examiners

“Protecting the Public’s Health”

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## **NAME CHANGE REQUEST**

The Arizona State Board of Podiatry Examiners (“Board”) may recognize a name change by a licensee if the new name is legally acquired and is not changed for fraudulent purposes and/or is not misleading to the public. The name change request must be accompanied by the required fee of \$25.00. Payment can only be made by check, cashier’s check or money order made payable to the Arizona State Board of Podiatry Examiners.

I, \_\_\_\_\_, request that my podiatry license number \_\_\_\_\_ be reissued as indicated below. After I receive my new license, I understand that I am required to return any Arizona podiatry license, in my possession, that shows any name other than the new name indicated below.

### **Name Change Information:**

Current/Former Name: \_\_\_\_\_  
Last Name First Name MI

New Name: \_\_\_\_\_  
Last Name First Name MI

### **Supporting Documentation:**

You must enclose a photocopy of one of the following documents. Please select which applicable document you are providing as proof of your name change and reason for the reissuance of a new license.

Please select one of the following:

### **Personal Attestation:**

I declare under penalty of perjury, under the laws of the State of Arizona, that the information given above is true and correct and that I am the person who was issued the original Arizona podiatry license by the Arizona State Board of Podiatry Examiners. I further certify that the name change is not and has not been changed for fraudulent purposes.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **For Office Use Only**

Date originally issued: \_\_\_\_\_ Receipt Date of reissuance: \_\_\_\_\_

Date signed by Board President and Secretary: \_\_\_\_\_

Date picked-up/mailed: \_\_\_\_\_

Supporting Document attached: \_\_\_\_\_